

Virtual support is defined as the use of telephonic or video conferencing technology to deliver face-to-face services to participants on the Comprehensive and Supports Waiver in order to provide necessary participant monitoring, engagement, and socialization when a participant chooses or is unable to receive services outside of their home.

Participants who are 18 years or older, or the participant's legally authorized representative, may request to be served through virtual support as a component of Community Living Services and Adult Day Services Basic Level tiers.

Virtual support systems must be designed and implemented to promote the health and welfare of the participant in their own home, while maintaining the highest level of privacy.

REQUIREMENTS

A. Assessment and Informed Consent

- i. The participant must have an informed choice between in person and virtual support services, and that choice must be documented in the participant's individualized plan of care (IPC).
- ii. Risks associated with virtual support must be discussed, and potential health and safety concerns must be addressed, prior to utilizing virtual support. This discussion must include full participation of the plan of care team.
- iii. The participant, legally authorized representative, if applicable, and plan of care team must be educated on how virtual support works, be made aware of both its benefits and risks, and be adequately informed of the operating parameters and limitations of the service delivery model.
- iv. An informed consent statement must be signed by the participant and legally authorized representative. The form must include confirmation that the participant had a choice between in-person and virtual support, acknowledgement of the inherent risk associated with virtual support, and indication that they have been adequately informed of the operating parameters and limitations of the service delivery model. A copy of the informed consent form must be maintained in the Electronic Medicaid Waiver System (EMWS) and in the participant's individual file, and an updated informed consent form must be obtained annually.
- v. The plan of care team must identify other participants in the setting who may be affected by the virtual support, and obtain informed consent from each of these individuals. This consent, and any rights restrictions that may result from the housemate's use of virtual support, must be documented in each participant's IPC.

B. Individualized Plan of Care Guidelines for Virtual Support

The IPC must outline how virtual support will be implemented for each participant, and must include:

- i. Demonstration that the participant has a choice in where and how the service will be received. Documentation must demonstrate that opportunities for community integration, support for employment, and social interactions are still incorporated in the participant's life.
- ii. The specific technologies that will be utilized and the initial and ongoing training that the participant will need to use the technologies;
- iii. Supervision needs, and how these needs will be addressed through technology;
- iv. A semi-annual assessment to assure that virtual support continues to be an appropriate option for the participant;
- v. If applicable, de-escalation techniques unique to virtual support services, and potential elopement locations;

C. Operating Guidelines

- i. The provider must identify the specific technologies that will be utilized, and how each of these technologies will be utilized;
- ii. The participant must have full control of the virtual support equipment. Virtual support equipment must include a visual indicator that the system is on and operating, and a mechanism to disengage the system if the participant chooses. If the system is disengaged during the service without consultation or prior agreement, this constitutes an internal incident. If the participant chooses to disengage the system, the provider must ensure appropriate onsite staff or other support is in place.
- iii. The provider must have an established process for ensuring appropriate onsite staff support in the event of a system failure, such as a power or internet outage.
- iv. Providers must ensure that staffing is adequate to respond to emergencies for participants receiving virtual support, as identified in each participant's IPC, and as outlined in Chapter 45, Section 6 of the Department of Health's Medicaid rules. Response could include, but is not limited to: phone calls, text messaging, webcam applications, and onsite visits, and must be specifically addressed in the participant's IPC.
- v. If a provider uses an outside entity to address the technology used in virtual support, the technology agency will not be required to be a Wyoming provider or follow the rules outlined in Chapter 45. However, if an entity used by the provider has any kind of interaction with the participant (i.e., in person response, phone calls, Skype or Facetime), then that entity is providing the waiver service and will be required to meet rules established in Chapter 45, either as a Wyoming provider, provider employee, or subcontractor.
- vi. The use of the virtual support option must not block, prohibit or discourage the use of in-person services or access to the community. The participant may not be inclined to attend in-person, but must still be encouraged to participate in services, engage with their community and their friends, when they choose or when they otherwise would not be able to do so due to illness, transportation issues, pandemics, or other personal reasons.

- vii. A participant who requires in-person assistance during the provision of the service must receive services in-person. In order to ensure the health and safety of the participant, the plan of care team must assess the appropriateness of virtual support with the participant. If it is determined that in-person assistance is required, virtual support may not be provided.
- viii. Virtual support must not be used for the provider's convenience. The option must be used to support a participant to reach identified outcomes in the participant's individualized plan of care. In the event the participant or legally authorized representatives chooses to discontinue virtual support services, the provider and plan of care team must transition the participant to traditional services within 30 calendar days.

D. Provider Standards

Providers offering virtual support opportunities must meet all federal and state regulations. Additionally, providers must meet the following standards and receive written authorization from the Division to provide virtual support . These standards are subject to change. Providers shall receive notification of changes to standards, and are required to adhere to changes within thirty (30) calendar days of notification.

- i. Providers must develop and comply with the following policies and procedures. All policies and procedures must be reviewed annually, and updated as needed. Provider policies shall be approved by the Division before the provider will be certified to provide virtual support services
 - a. Written policy that assures the participant's right to privacy.
 - b. Written policy covering initial and ongoing participant training, which includes, but is not limited to, emergency drills, virtual support equipment, disengaging the system, and responding to system failure.
 - c. Written policy covering initial and ongoing staff training, which includes but is not limited to, participant specific training, emergency drills, virtual support equipment, HIPAA compliance and other trainings identified in Chapter 45 of Wyoming Medicaid Rules, and policies and procedures related to virtual support.
 - d. Written cost disclosure policy that includes participant and organizational costs for virtual support equipment and services (internet, phone line).
 - e. Written policy addressing a participant's immediate transition from virtual support services should a health or safety need be identified that overrides the 30 calendar day transition timeline.
 - f. Written response procedure for participant disengagement of the system.
 - g. Written procedure for notification of emergency response personnel (i.e., law enforcement, fire, paramedic).
 - h. Written emergency procedures for weather related and medical emergencies.
- ii. Providers must use a HIPAA-compliant telehealth service delivery platform approved by the Division. During the provider certification renewal process, providers that deliver virtual support services must sign an attestation that indicates:
 - They are using a HIPAA-compliant platform; and
 - They have adopted and enforced all necessary policy and procedures under the HIPAA Privacy & Security Rules.

At any time, the Division may review a provider's compliance in this regard. If a provider fails to use the HIPAA-compliant platform, or has not adopted or enforced necessary policies and procedures, the Division may prohibit or restrict the provider from providing services through virtual support.

- iii. Providers must receive training on participant specific needs, including the support the participant will need in order to learn and utilize virtual support technologies. .
- iv. Providers must have system backup procedures.
- v. Providers must conduct emergency response drills, including one onsite response drill every twelve (12) months.
- vi. Providers must have documentation of HIPAA privacy and security compliance.
- vii. Providers must have an updated contingency plan that includes virtual support services.

E. Documentation

- i. As required in Chapter 45, Section 20 of the Department of Health's Medicaid Rules, critical incident reports must be submitted through the Division's incident reporting system.
- ii. Staff interventions required during the virtual support period must be documented as an internal incident, and reviewed as a component of the ongoing plan of care team assessment. If these situations become excessive, the team should reconvene to review incident reports. If virtual support is still determined to be an appropriate support, the plan of care team may develop a system to track the specific staff intervention without completing an incident report.
- iii. Virtual support information must be retained for at least six (6) years after the end of the fiscal year during which services were provided.

F. Reimbursement for Services

- i. Virtual support is a component of the service, and must be covered through the service rate identified in the current Supports and Comprehensive Waiver Fee Schedule.
- ii. Providers must not be reimbursed for their expenses related to internet, communications, monthly subscriptions, or other expenses considered to be a cost of doing business. Business expenses incurred by the provider, as a result of providing virtual support, cannot be passed on to the participant.
- iii. Equipment that is specific to a participant may be purchased through specialized equipment. Equipment will be subject to the scope and limitations of this service.
- iv. Equipment purchased under specialized equipment will be the property of the participant.
- v. Equipment purchased under specialized equipment must fit within current funding guidelines as outlined in the current Comprehensive and Supports Waiver Service Index.